


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J28467</b>	
1. Entity Name <b>JONES HOMES, INC.</b>	

Principal Place of Business <b>5995 ST AMBROSE CHURCH ROAD ELKTON, FL 32033</b>	Mailing Address <b>5995 ST AMBROSE CHURCH ROAD ELKTON, FL 32033</b>
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**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2710263</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**JONES, JOHN W., JR.  
5995 ST AMBROSE CHURCH ROAD  
ELKTON, FL 32033-2707**

**DO NOT WRITE  
IN THIS SPACE**

**B.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> JONES, JOHN W., JR. 5995 ST. AMBROSE CHURCH ROAD ELKTON, FL 32033
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> JONES, TERRELL W., SR. 50595 DATIL PEPPER RD ST AUGUSTINE, FL
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> BRUBAKER, CARRIE E. 5995 ST AMBROSE CHURCH RD ELKTON, FL
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> JONES, STANLEY KEITH 125 MORNING VIEW PL ST AUGUSTINE, FL
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

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01/30/04-80013-023 150.00

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Carrie E. Brubaker **Carrie E. Brubaker** **1-26-04** **904-669-6796**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone